

# COACHING THE DIFFICULT PATIENT

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# Disclosure

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- No conflicts of interest

# Learning Objectives

- At the end of the presentation the participants should be able to
  - ▣ Initiate motivational interviewing skills to help patients resolve ambivalence
  - ▣ Discuss psychological concepts of resilience, positive emotions, and self regulation
  - ▣ Explain how these concepts can support the helping relationship in health care

# What works to help people change?



**Insight** - Helping people see and understand

# What works to help people change?



**Knowledge** – Educating about how or why to change

# What works to help people change?



**Skills** – Developing the skills to make a change

# What works to help people change?



Give them **Hell** – Making a person afraid of consequences

# What works to help people change?

**Insight**

**Knowledge**

**Skills**

**Hellfire and Brimstone**

**These factors do not  
account for behavior  
change**



Think about your favorite teacher...

Think about your favorite teacher...

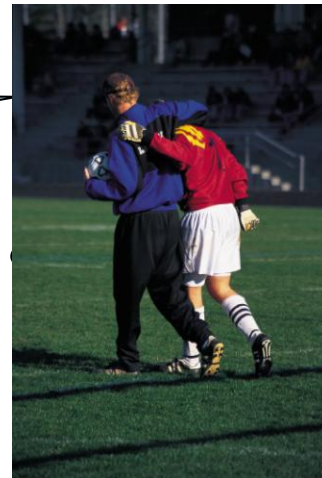
Describe the qualities that he or she had that were most helpful

Enthusiastic

Supportive

Believed in  
me

Cared about me



Listened

Could see  
my  
potential

Warm

Understanding


# The Mindful Relationship

Daniel Siegel “The Mindful Therapist” 2010

- Presence
- Attunement
- Resonance
- Trust

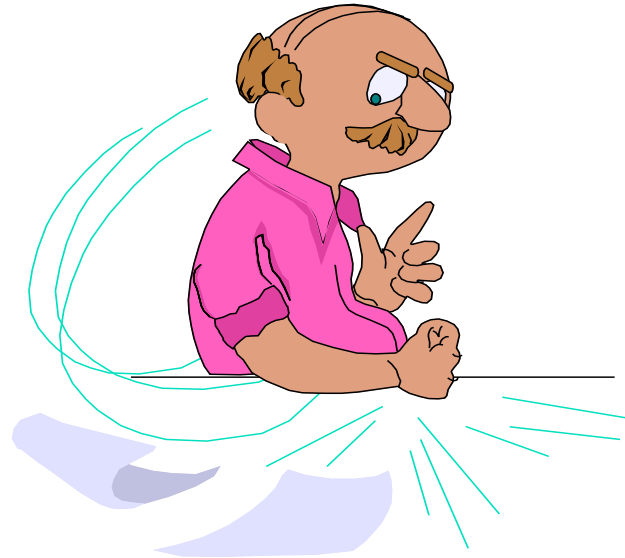
# Two questions for the change agent

- What do I represent in that person's change process?
- How do I begin to have an effective relationship with a patient or client?



What I represent to the patient is based upon  
the patient's expectations and past  
experiences in similar circumstances

What I represent to the patient is based upon the patient's expectations and past experiences in similar circumstances



I want to understand (empathy) the fullness of the  
patient's experience, expectations, and  
ambivalence



Create a relationship where we look at things together

# Changing 'you and me' to 'We'

- People are motivated by
  - ▣ Their own values
  - ▣ Their expectancies
  - ▣ Their self-efficacy
- Our agenda to help/treat may interfere with the change process

# When feeling stuck with a patient: ask yourself



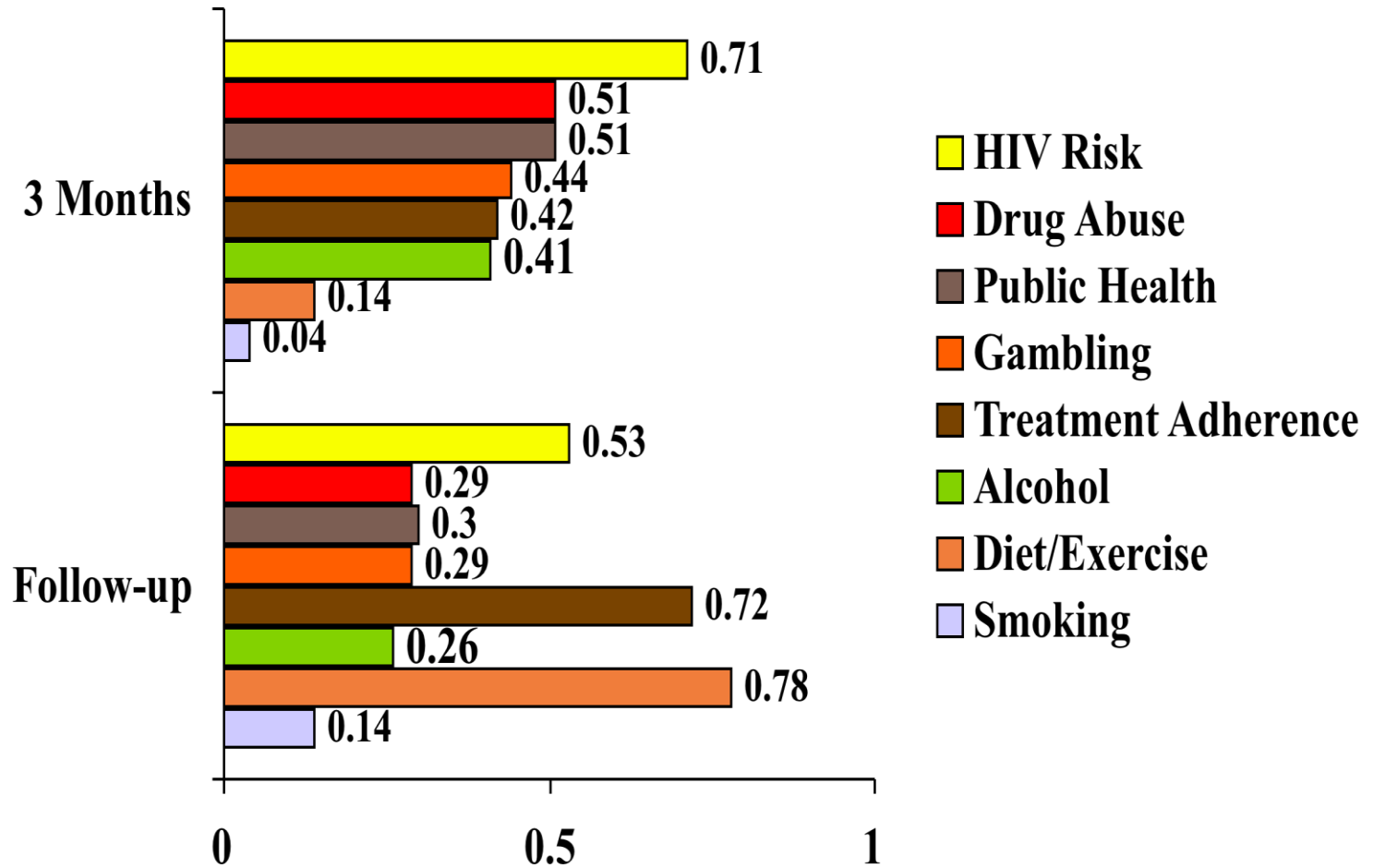
- Do I have a visceral sense of really what is important to the patient?
  - (not what is important to me)
  
- Does the patient have a visceral sense that I understand?

# Motivational Interviewing



- Measurable relationship skills that are proven to help people change behavior

MI is shown to be effective for many health behaviors  
(N=72 Clinical Trials)



# Motivational Interviewing



- Measurable relationship skills that are proven to help people change behavior
- Resolves ambivalence in favor of change

# Ambivalence

- Ambivalence refers to feeling two ways about a behavior
- Ambivalence is a universal experience and part of the **process** of change.
- Getting stuck in ambivalence is common and should be expected

I know I should exercise more,  
But I just don't have the time



# OARS –



- Open ended questions
- Affirmations
- Reflective listening
- Summary statements



# The power of the provider's response....



How we react to resistance and ambivalence  
determines  
whether it will increase or resolve

## Reflective listening and resistance

- The experience of being heard, accurately and empathically, reduces the number of resistance statements
- Fewer resistant statements increases the likelihood of change occurring

# How does MI resolve ambivalence?

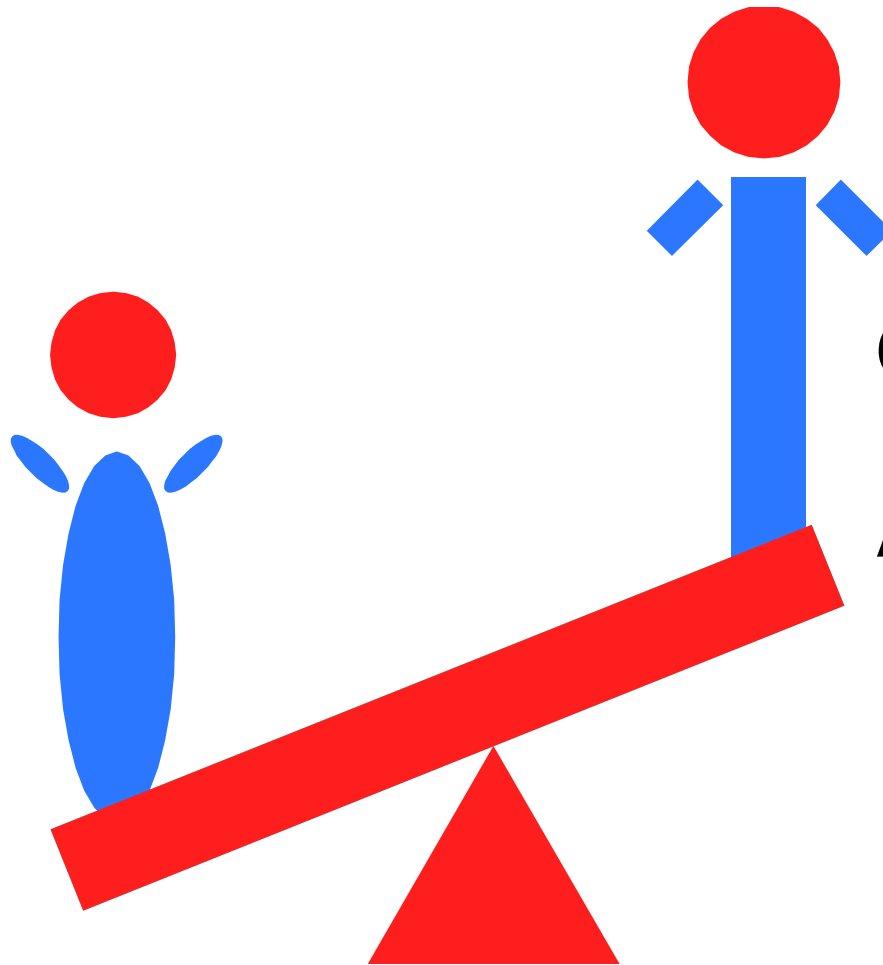
- *The resolution of ambivalence is promoted by accurate empathy*

*and*

- *Resolution of ambivalence in a particular direction is influenced by the counselor's selective reinforcement of client speech*

**Resistance**

**Reflect**



**Change Talk**

**Ask for more**

# Steps in reflecting

- Reflective listening starts with good listening
- Communicates back what was heard
- Hear what the patient is saying including the subtext
  - Emotion
  - Energy
  - Underlying meaning
- Make a reflective statement
  - ▣ Not a question (with some exceptions)

## SIMPLE REFLECTION:

Stays close to the patient's words



## Reflective Listening

**SIMPLE REFLECTION:** Stays close to the patients words

**Patient:** *“I’m trying the best I can to cut back on my smoking but I am already gaining weight.”*


REPEAT: Acknowledging you have heard  
using the same words

Patient: *“I’m trying the best I can to cut back  
on my smoking but I am already gaining  
weight.”*

Health Care Provider *“You’re already gaining  
weight while you are doing your best to cut back  
on your smoking”*



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- Complex reflections typically add meaning, emotion or emphasis to convey deeper meaning

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- Patient: “I need to eat better, my cholesterol is so high and I’m overweight, but I just have such a hard time not eating sweets”.

- Patient: “I need to eat better, my cholesterol is so high and I’m overweight, but I just have such a hard time not eating sweets”
- HCP: You are feeling it is important to eat better because of the potential health problems and because of your weight, but you are really distraught that you have such a hard time not eating sweets

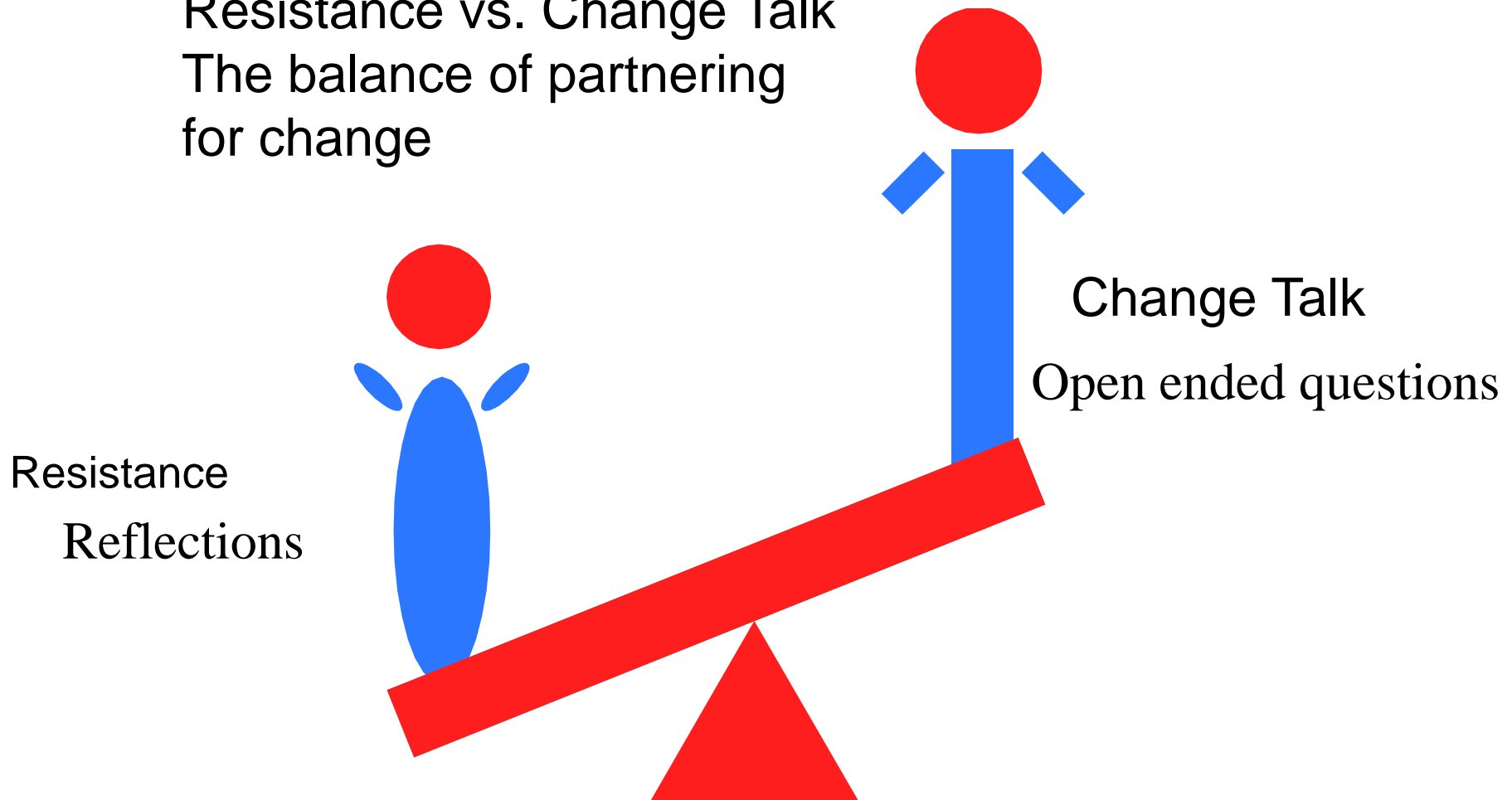
- 
- Patient: “I need to eat better, my cholesterol is so high and I’m overweight, but I just have such a hard time not eating sweets”

# Double Sided

- Patient: “I need to eat better, my cholesterol is so high and I’m overweight, but I just have such a hard time not eating sweets”
- HCP: “You feel sort of stuck. On the one hand you have an awful hard time not eating sweets, but on the other hand you really want to lower your cholesterol and lose weight.”

# Resistance vs. Change Talk

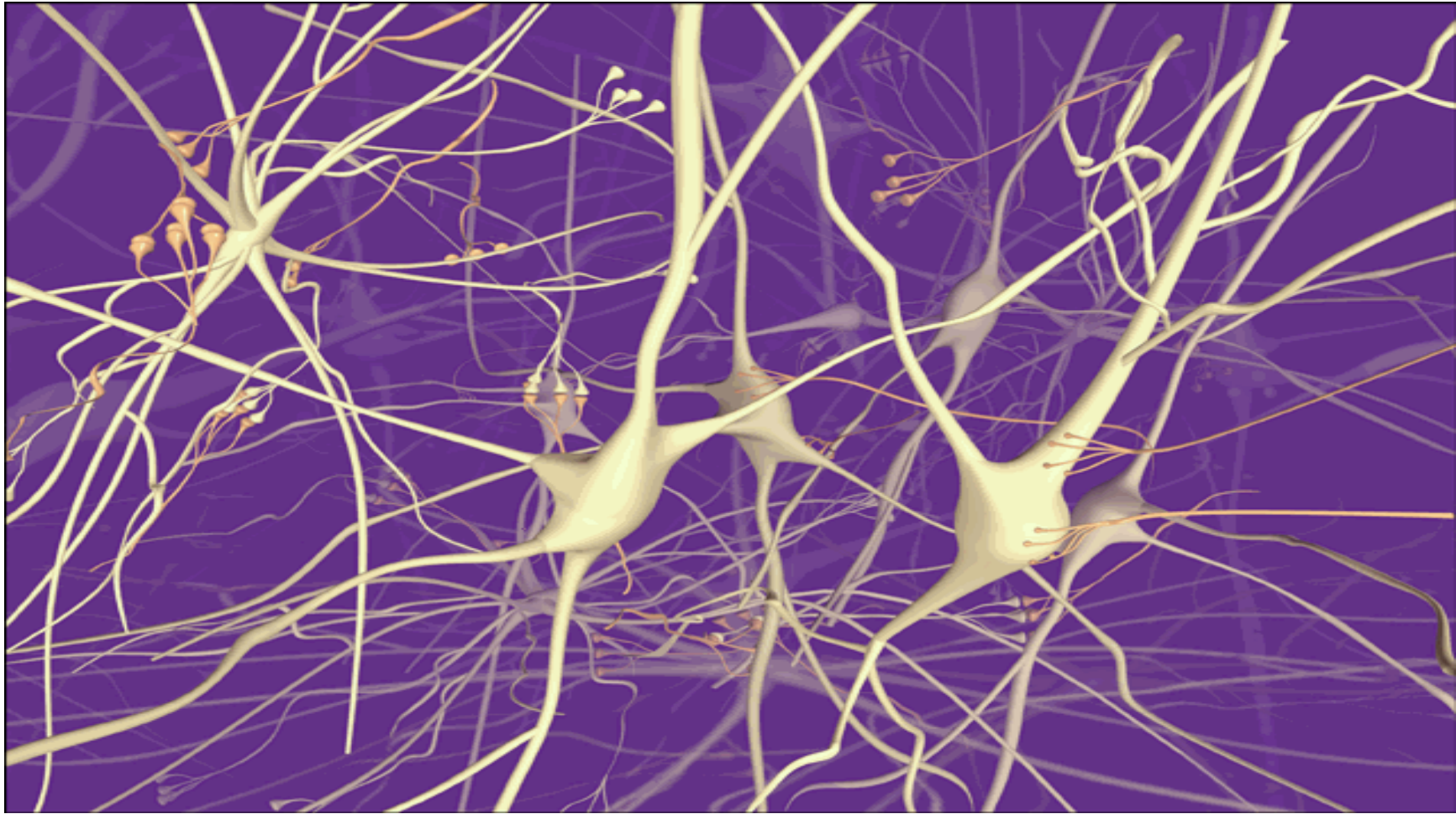
The balance of partnering for change



# Evoking change talk

- Providing a relationship in which the patient can talk about change reinforces and strengthens the impetus for change







# Change Talk

- Any statement that expresses inclination to change
  - Desire
  - Ability
  - Reason
  - Need
  - Commitment

# Recognizing change talk

□ I wish I could stop smoking

- **Desire**
- **Ability**
- **Reason**
- **Need**
- **Commitment**

# Recognizing change talk

□ I have been able to exercise regularly a number of different times in my life

- **Desire**
- **Ability**
- **Reason**
- **Need**
  
- **Commitment**

# Recognizing change talk

□ I have to eat better or I'm going to die

- **Desire**
- **Ability**
- **Reason**
- **Need**
- **Commitment**

# Recognizing change talk

□ I'm going to try taking a walk to help reduce my stress

- **Desire**
- **Ability**
- **Reason**
- **Need**
- **Commitment**

# Recognizing change talk

□ My children really want me to lose weight

- **Desire**
- **Ability**
- **Reason**
- **Need**
- **Commitment**

# Recognizing change talk

□ That medication might help

- **Desire**
- **Ability**
- **Reason**
- **Need**
- **Commitment**



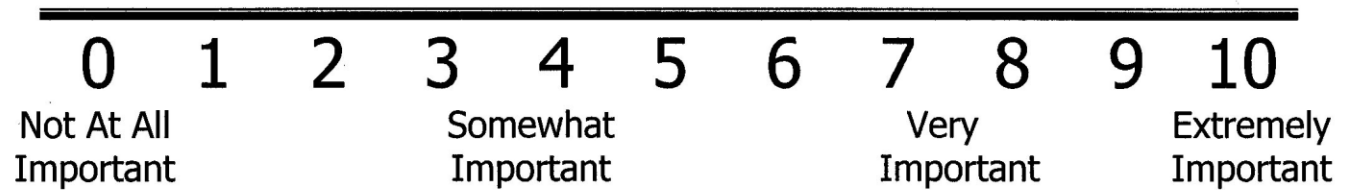
Tell me more about that



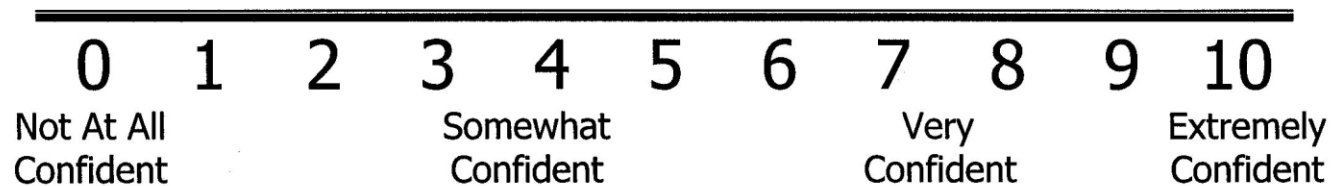
# Eliciting Change talk




- Tell me how things will improve once you are exercising regularly?
- How does smoking interfere with you being the person you want to be?
- What about your diet causes concern?
- Tell me how your life will be when you are confidently managing stress level?



(Importance)



(Confidence)



New findings in positive psychology, self  
regulation, neurobiology ....  
are improving our ability to help people change

# Clear link between positive emotional experience and health

- Laughter and humor boost immunity
- Happiness and optimism reduce cardiac readmissions, recurrence
- Positive emotional expression produces fewer physical complaints, better sleep, more time exercising, fewer physician visits
- Greater longevity, lower mortality from illnesses like AIDS.

# Resilience (Vaughan et. Al. 2008))

- Ability to cope effectively and adapt in the face of loss, hardship, adversity
- Emotional flexibility – match emotions to the demands of the specific situation
  - ▣ People faced with giving a speech
    - Both high resilience and low resilience groups show high cardiovascular excitement
    - High resilience reduce excitement more quickly when ‘threat’ removed
  - ▣ High resilient people showed less impact post 9/11

# Chicken or the egg?

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Cognitions

Emotions

Autonomic  
Response

# Sympathetic Nervous system get ready to rumble...

## Central Nervous System

Higher cognitive processes,  
sensation, perception,  
voluntary movement

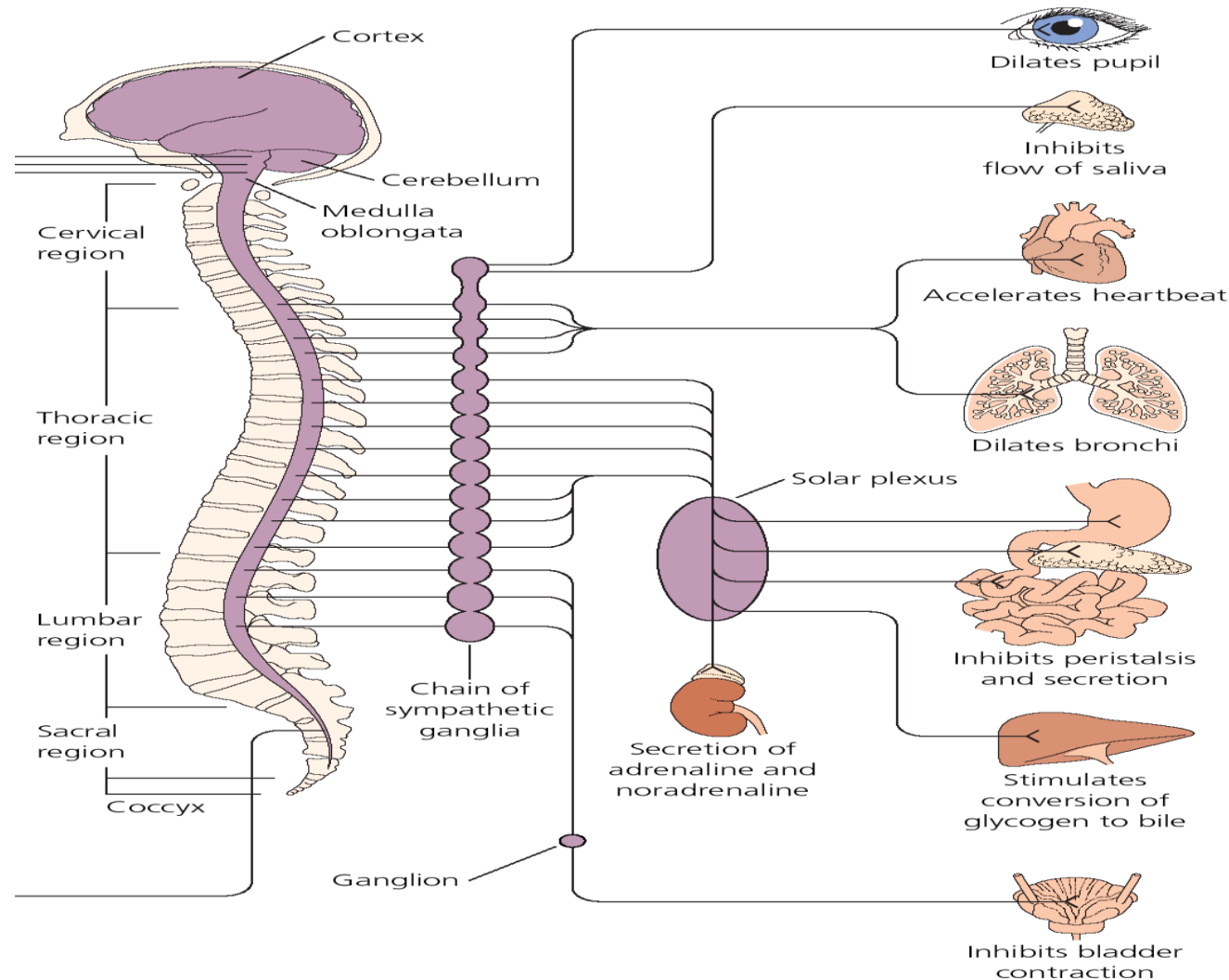
## Autonomic Nervous System

Sympathetic Division

- Arouses the body

- ‘fight or flight’

- Purpose is to manage energy and resources to meet perceived demands and challenges that are an immediate threat



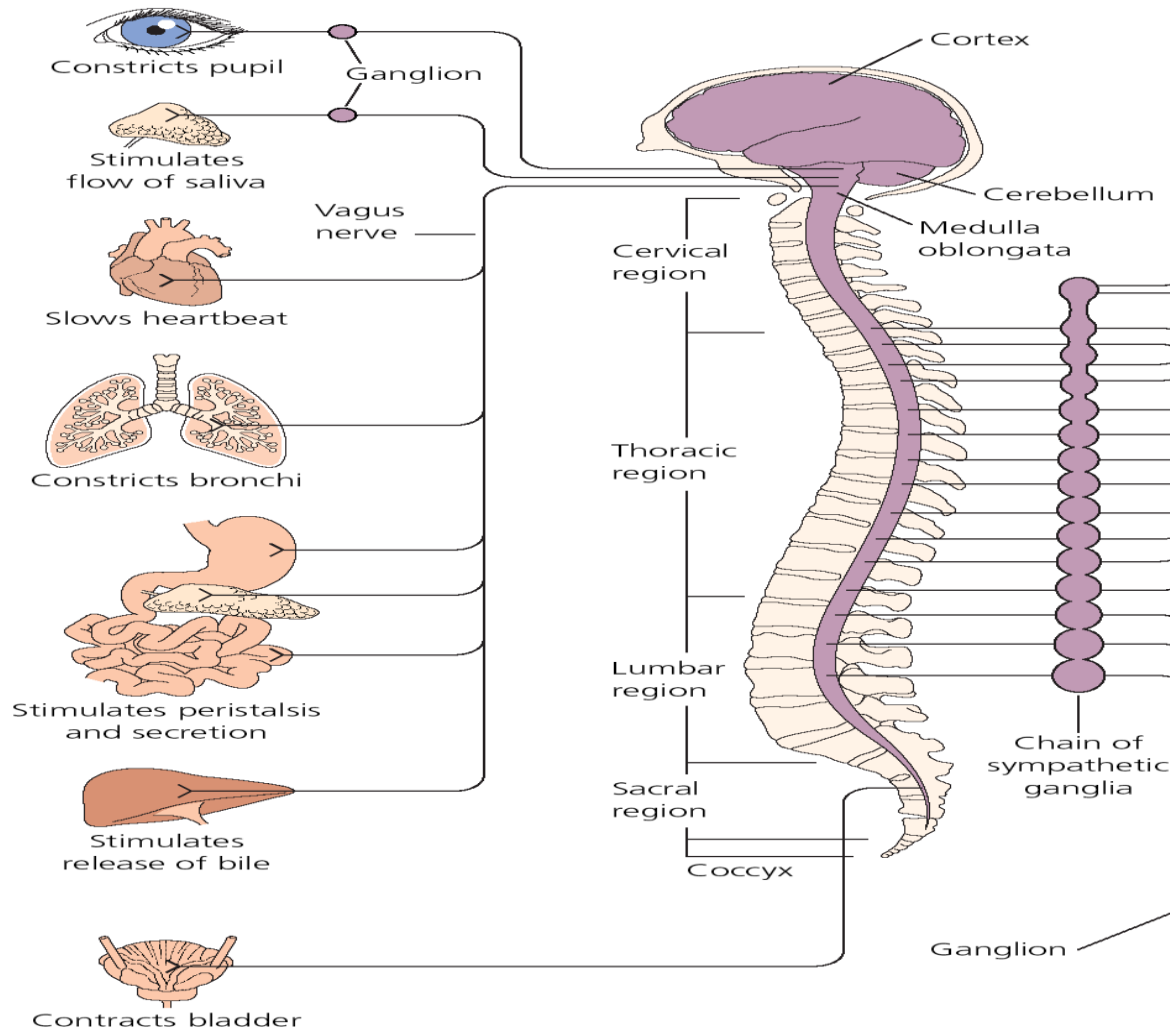
Contracts bladder

# The Parasympathetic Nervous System

## Relax - Regenerate

### Autonomic Nervous System Parasympathetic Division

### Central Nervous System Higher cognitive processes, sensation, perception, voluntary movement



- Calms the body

- Promotes enjoyment, relaxation, digestion, sexual arousal

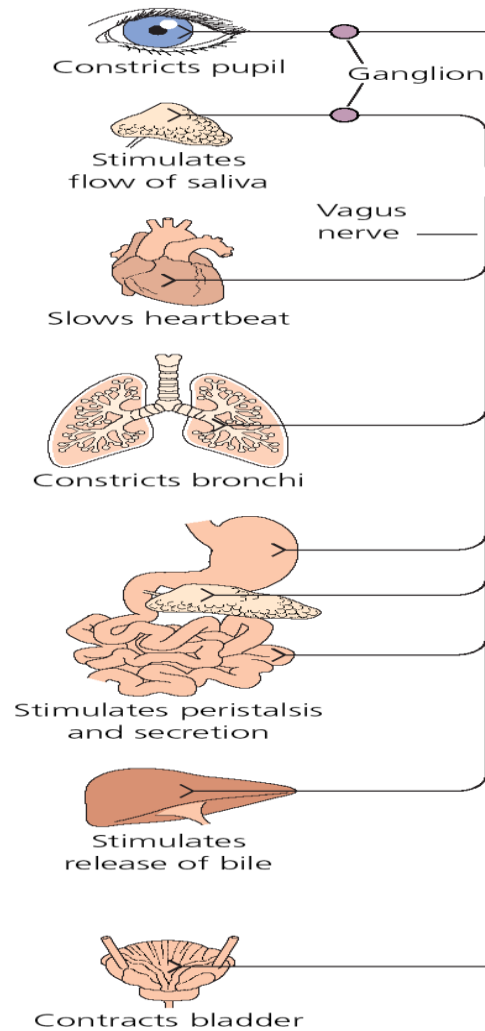
- Purpose is to conserve resources and allow you to restore resources and energy.



# Balance and optimal performance

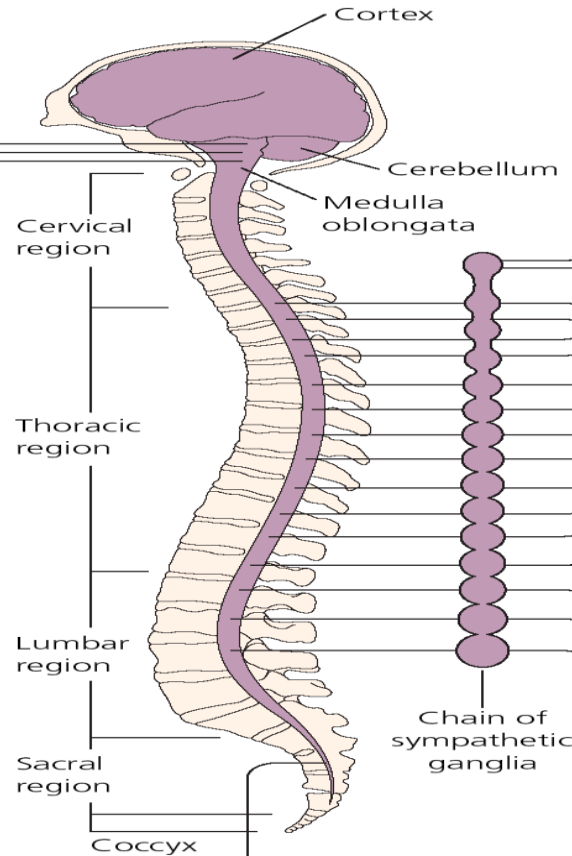
## Autonomic Nervous System

### Parasympathetic Division



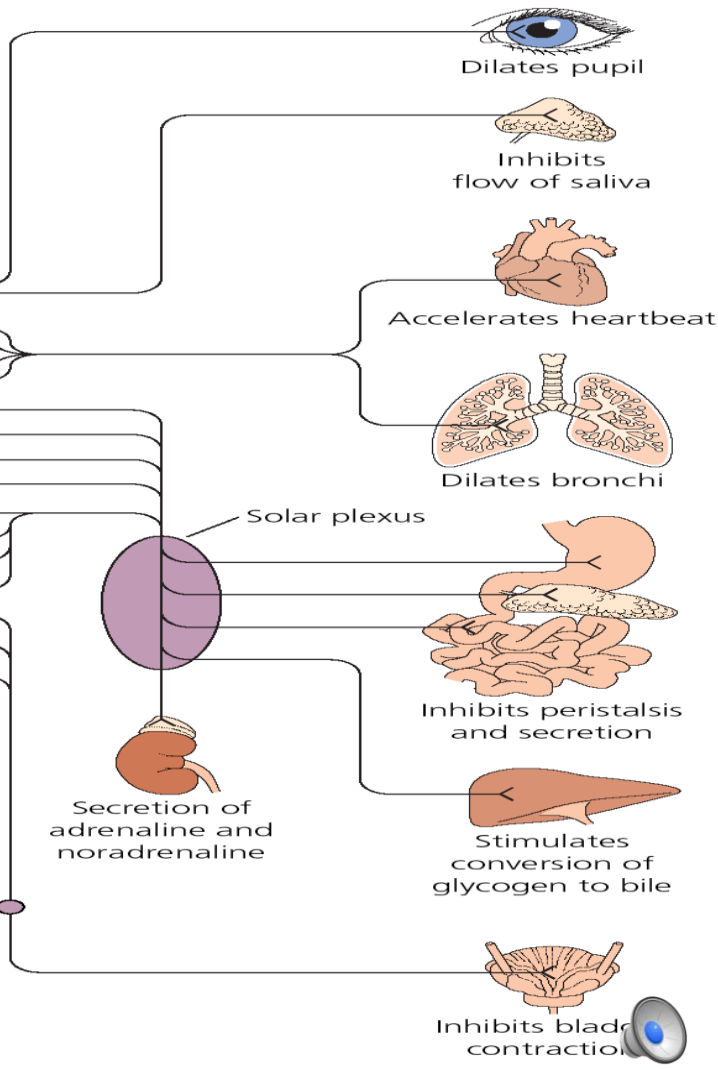
## Central Nervous System

Higher cognitive processes,  
sensation, perception,  
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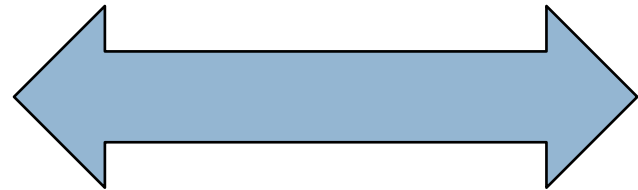
## Autonomic Nervous System

### Sympathetic Division

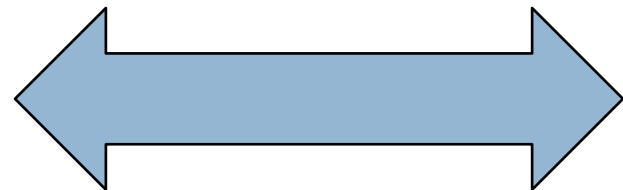


# Positive and Negative emotions and thoughts - bidirectional

- Positive emotions – Interest, enthusiasm, curiosity, laughter
  - ▣ Approach, Inclusion,
  - ▣ Open to new ideas
  - ▣ Big picture orientation



- Negative emotions – Apathy, grief, fear, anger
  - ▣ Avoid, Exclusion,
  - ▣ Focus on what we know
  - ▣ Detail orientation



# A time for each purpose – under heaven (Boyatzis, 2003)

**Positive emotions**  
*Approach*

- ☐ Big picture
- ☐ Hope
- ☐ Regeneration

**Negative emotion**  
*Avoid*

- ☐ Detail oriented
- ☐ Realistic
- ☐ Energy expenditure

- 
- Positive emotions are correlated with improved health outcomes

But

- We do need to be able to focus upon threats and formulate steps

# Balance and optimal performance

## Autonomic Nervous System

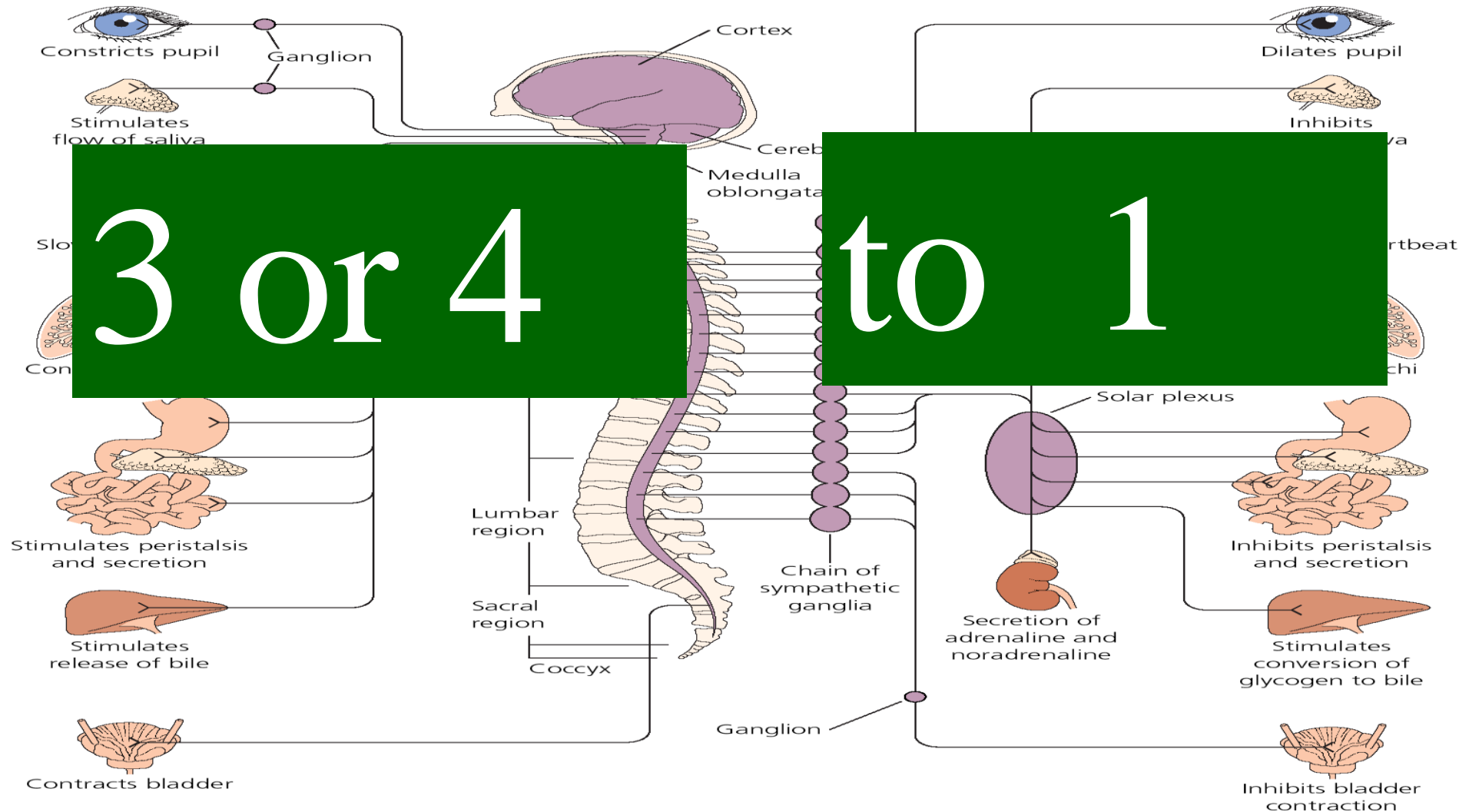
### Parasympathetic Division

## Central Nervous System

Higher cognitive processes,  
sensation, perception,  
voluntary movement

## Autonomic Nervous System

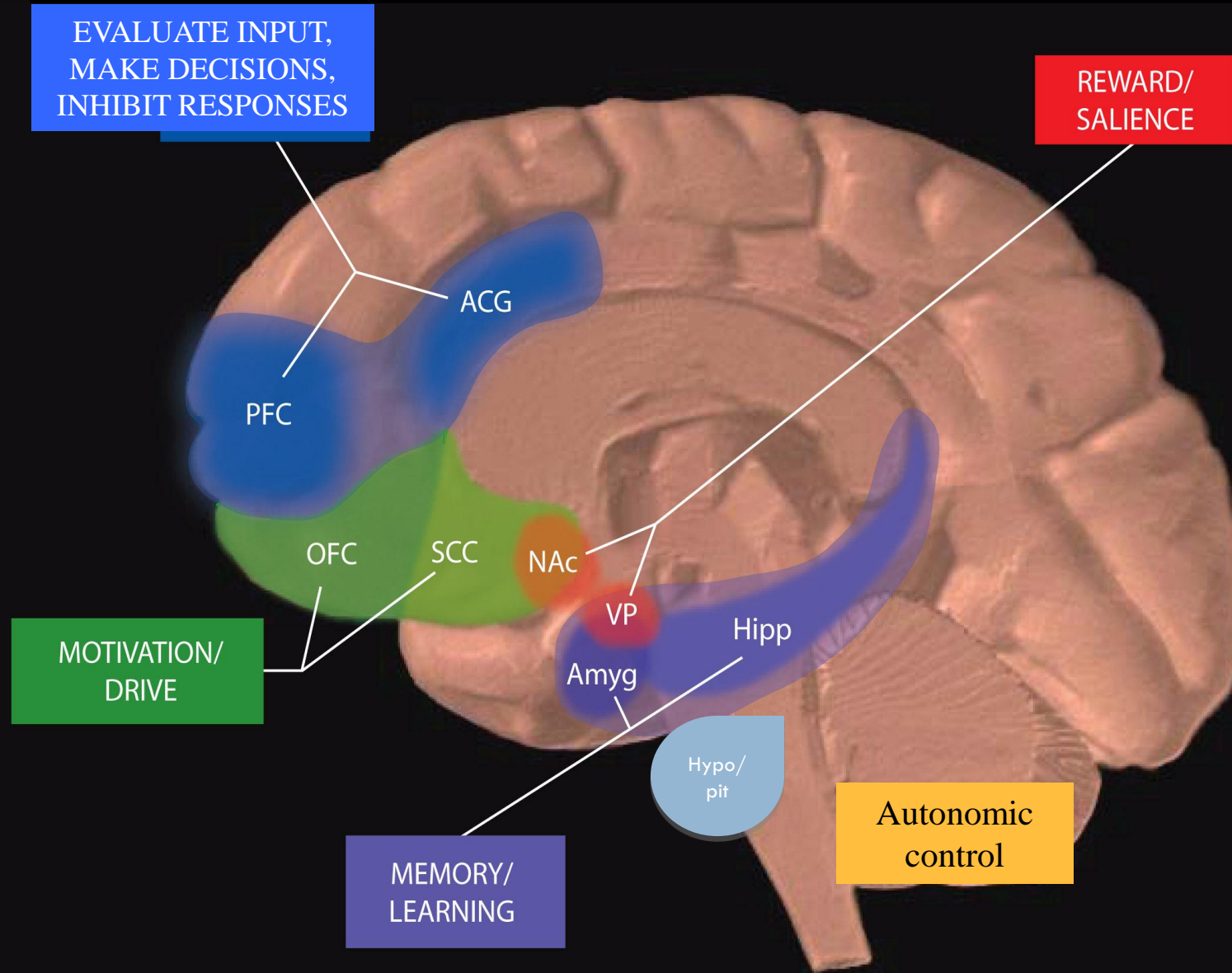
### Sympathetic Division



# Eliciting Change talk that serves best

- Tell me what you have been proudest about through your rehab?
- What will it look like when you are at your best?
- How will you celebrate your progress?
- Let's talk about next steps

# The Brain



# Anatomy of Attentional Networks

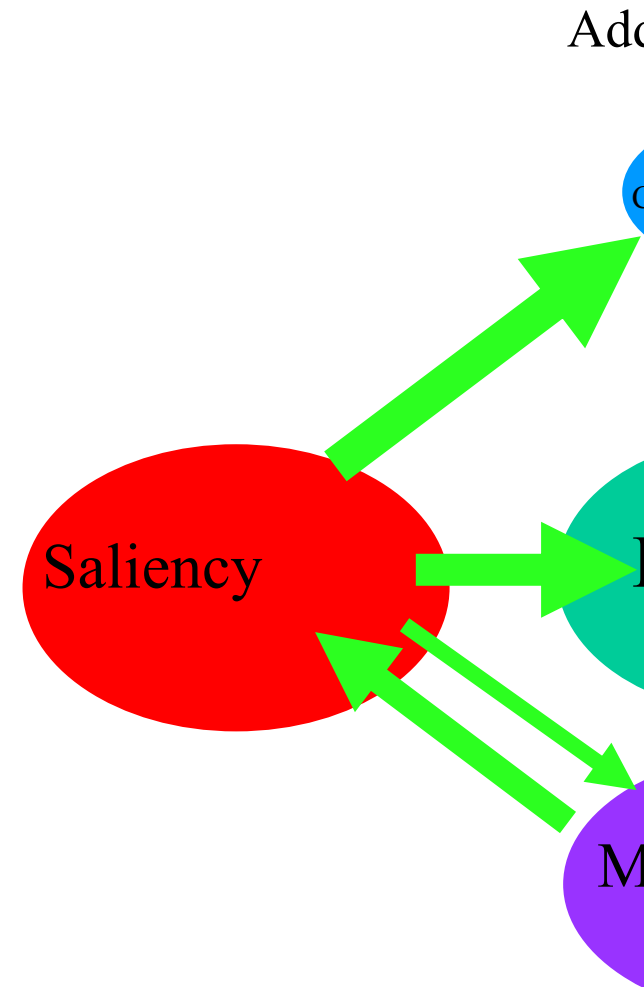
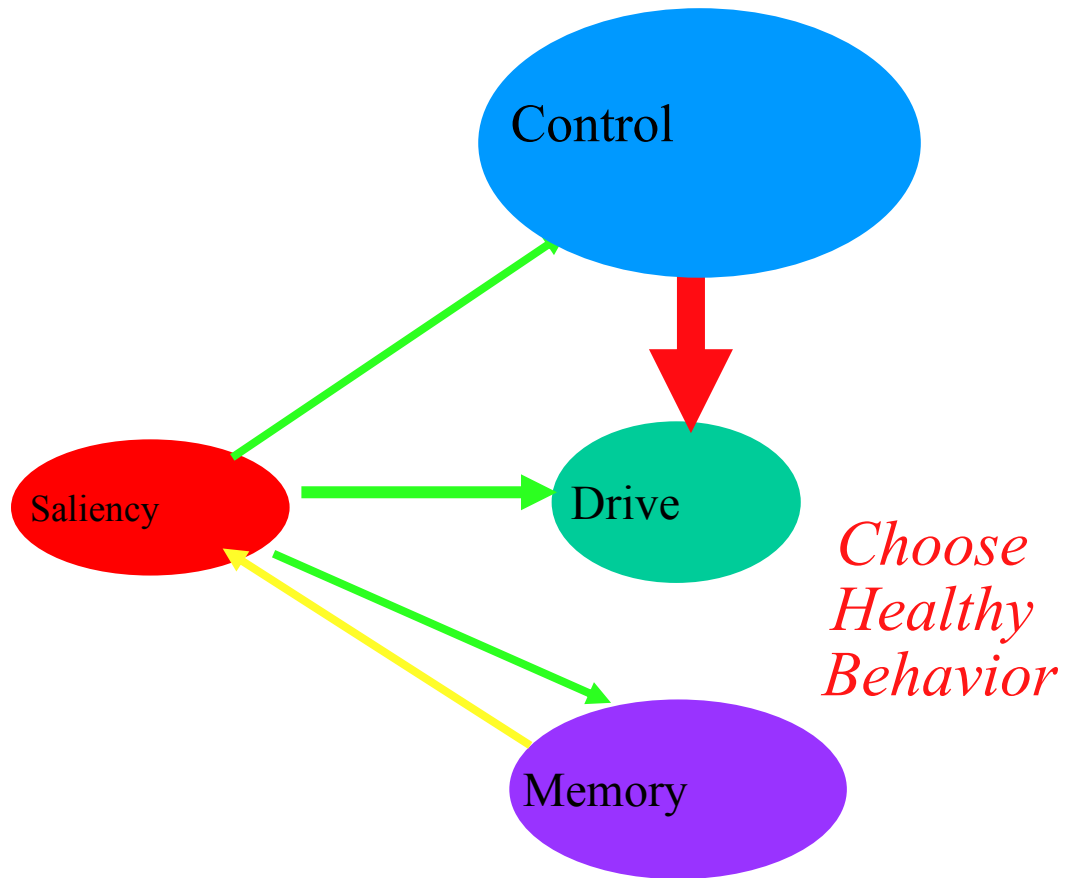
- James (1890) “Attention is the taking possession of the mind in clear and vivid form of one out of what seem several simultaneous objects or trains of thought”
- Practice of returning a wandering attention back to its target again and again is the education par excellence
- Mindfulness: Conscious awareness of one’s current thoughts feelings and surrounding. Accepting one’s mindstream, maintaining open and curious attention



# Self Regulation

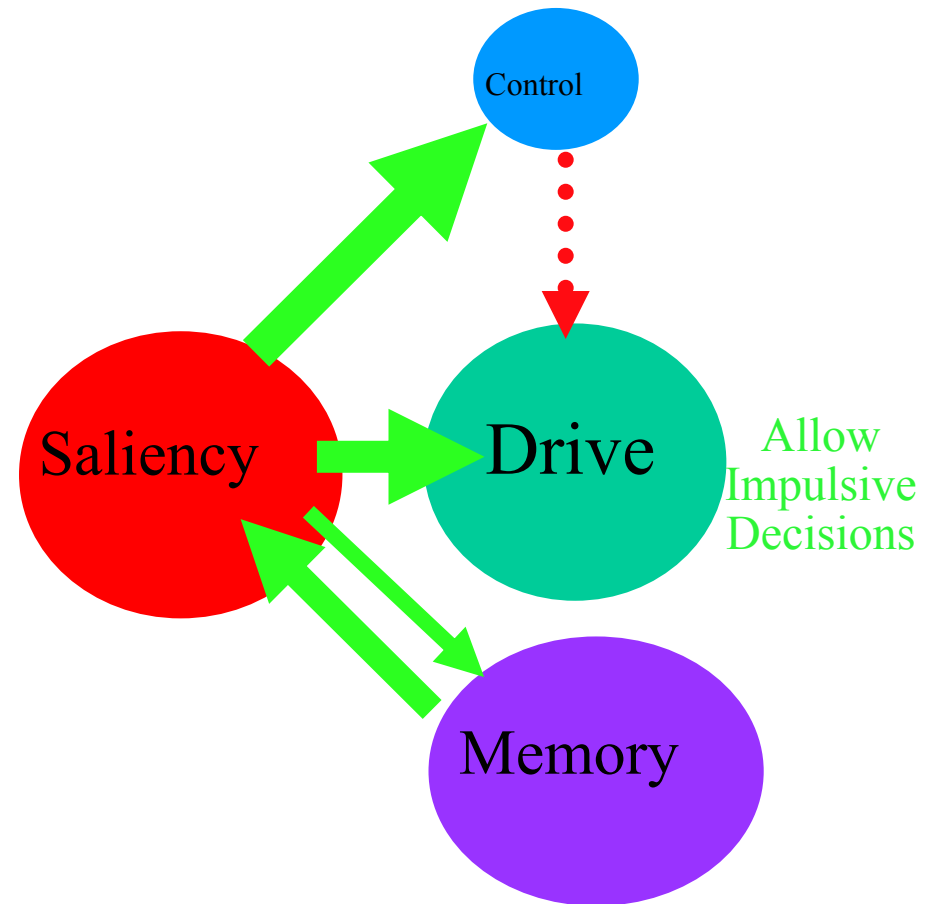
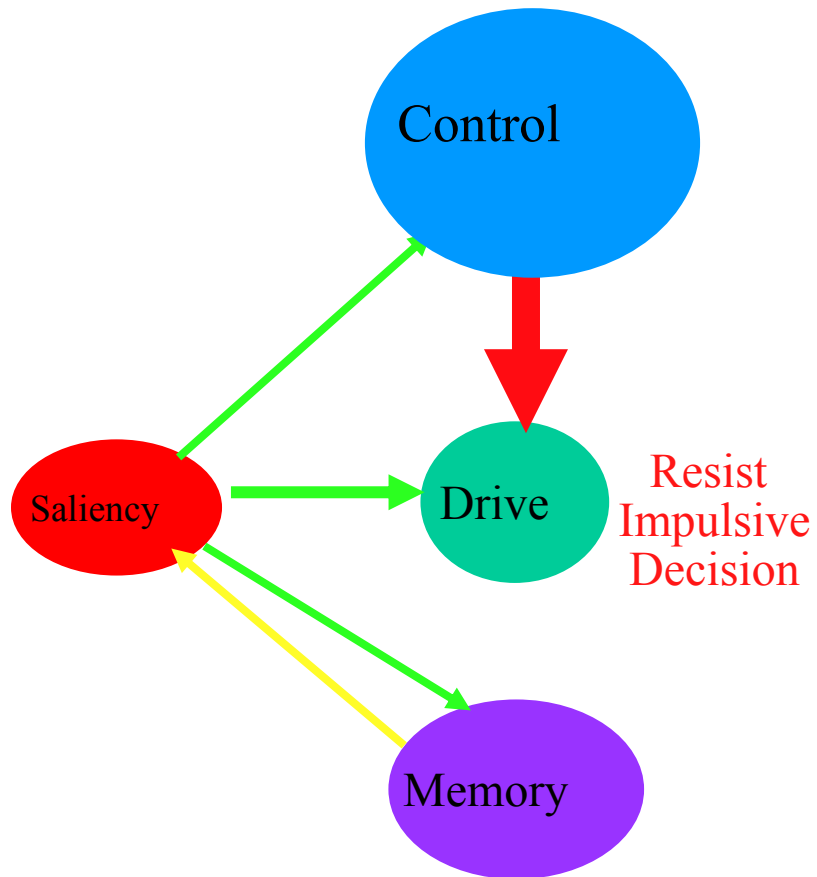
- The energy to self-regulate has a common energy store which can be strengthened or depleted
  - Emotional regulation
  - Attentional control
  - Impulse control
  - Performance organization

# Self regulation



Source: Adapted from Volkow et al., *Neuropharmacology*, 2004.

# Tired Brain Circuits



Source: Adapted from Volkow et al., *Neuropharmacology*, 2004.

# The self regulation muscle

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- Self regulation seems to be a resource that can become depleted
- Like other muscles it can be strengthened, exercised, and restored
- Suppression depletes
- Sharing restores

# The self regulation muscle



- ❑ Self regulation seems to be a resource that can become depleted
- ❑ Like other muscles it can be strengthened, exercised, and restored
- ❑ Suppression depletes
- ❑ Sharing restores

# Examples (Baumeister et. Al.) Studies in Self Regulation

- Two groups assigned to drink less alcohol at a college alcohol party
  - ▣ One, beforehand taken through a thought suppression task
  - ▣ Group not having suppression task more able to drink less
- Two groups being assigned to a frustration task
  - ▣ One asked to resist eating a sweet beforehand, - gave up more easily

# The Self regulation muscle

- Two groups given a taxing task, one require more attention
  - ▣ Second group more likely to sit through a boring movie rather than turn the channel.
- Two groups asked to remember numbers
  - ▣ - group asked to remember 2 numbers more able to resist sweet more than group asked to remember 7 numbers

# Change is hard

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- Begin where the patient is
- Encourage pacing
- Building self-efficacy
- Task orientation balanced with recreation, reward, dreams and strengths



# Eliciting Change talk that serves best

- What's your vision of your best self?
- Tell me how things will improve once you are exercising regularly?
- Let's talk about what's gone right
- How have you celebrated what's gone right?
- What are the next steps?
- What obstacles might get in the way of your next steps?

# Coaching the difficult patient in context of this psychology



- Empathy: presence, attunement, resonance are the foundation of healing relationships
- How we engage with patients can increase or decrease resistance and can encourage or discourage change talk
- Emotional connection can nourish positive health

# Coaching the difficult patient in context of this psychology

- Each person's responses are there to maintain and promote the welfare of the person
- Emotionally flexible brains do that best
  - ▣ Positive emotions/thoughts leaven resilience
- Vision, big picture thinking, hope, and future orientation promote positive thoughts/emotion
  - ▣ There is value in eliciting the patient's vision
- Self regulation capacity, like a muscle, can be strengthened or depleted

# Learning Objectives

- I hope I've helped you feel stronger in your ability to...
  - ▣ Initiate motivational interviewing skills to help patients resolve ambivalence
  - ▣ Discuss psychological concepts of resilience, positive emotions, and self regulation
  - ▣ Explain how these concepts can support the helping relationship in health care

# References and Resources

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